

# Foster Family Home - Deficiency Report

Provider ID: 1-563777

Home Name: Josefina Ownbey, CNA

Review ID: 1-563777-12

91-804 Kauwili Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 1/18/2022

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection. The issue of having 2 Private pay clients will be addressed under separate cover. Please continue to address your Deficiency Report and submit by the due date specified on your deficiency report

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)No RN delegation present for Client # [REDACTED] for [REDACTED], [REDACTED], [REDACTED]. Client # [REDACTED] [REDACTED] has been modified with [REDACTED] against wall and [REDACTED] [REDACTED].

## Foster Family Home Physical Environment [11-800-49]

49.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

49.(d)(1) The closet in the clients room is being used as family storage infringing on clients use of space

## Foster Family Home Client Rights [11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7)No order for [REDACTED] [REDACTED] for client # [REDACTED]

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;


Comment:

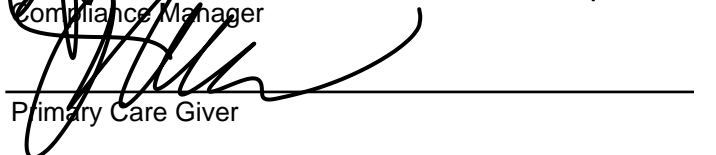
54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. Client # 1 has [REDACTED] medications not on the MAR

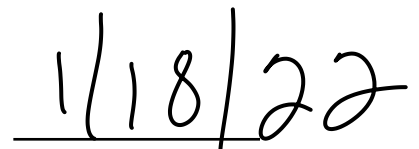
Client 1,2 and 3 MAR has not been documented since 1/11/22

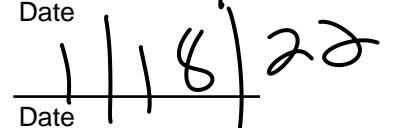
54.(c)(6) Daily documentation of care has not been documented since 1/11/22

54.(c)(2) Service plan for clients #2 and # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date